

**ENROLMENT FORM**

First Name		Surname	
Date of Birth		Gender	
SWN Number		Ethnicity	
Office you registered with?			
Home Address			
Ph. Number		Mob. Number	
Referrer		Date of referral	
Next of kin		Relationship to client	

I am a: NZ Citizen

NZ Resident

Have an open Work Permit

Would you like to bring Whanau/ Family support to your initial meeting? Yes / NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you registered with any other providers? YES / NO

If yes, who are you registered with? \_\_\_\_\_

Do you have any health condition that might affect your ability to train and work?

\_\_\_\_\_

**Education Profile**

Last Secondary School \_\_\_\_\_

Final Year at last Secondary School \_\_\_\_\_

Highest NCEA Level of Achievement (*circle one*) Nil Level 1 Level2 Level 3

National Student Number \_\_\_\_\_

**Privacy Statement**

Authority to collect, store and use Personal Information

I acknowledge that I have enrolled in the Niu YOU programme delivered by K'aute Pasifika Trust NZ funded by the Ministry of Social Development (MSD). I am aware that it is a requirement to authorise the collection, storage and use of my personal information to be part of the Niu YOU programme.

**Collection**

I authorise K'aute Pasifika Trust and WORK & INCOME to collect personal information about me including:

- Personal details
- Contacting my last secondary school and ascertaining my NZQA National Student Number (NSN) and obtaining a copy of my NZQA Record of Achievements.
- Contacting any employer I have been placed with and confirming details of my employment, including date employment commenced, job title, place of employment, IRD number, starting wages/salary, career-related training provided by the employer, any increase in skills or qualifications, any increases in wages/salary and date (if any) employment ceased.
- Contacting any NZQA-accredited training provider I have been placed with and confirming details of my training including: date of my enrolment, the course of study undertaken, start and finish dates for the course, the location for the study, the external training provider's unique student identification number for me, confirmation whether or not: (a) I have continued with the course of study for 31 days after the course commencement date, (b) I am continuing with the course of study at the time enquiry, (c) I have completed the course of study or (d) I have achieved any qualification or been awarded any Certificate in relation to the course of study.

**Storage**

I authorise K'aute Pasifika Trust and WORK & INCOME to store my personal information. This includes storage on paper documents and I the Niu YOU Database managed by WORK & INCOME.

**Use of your Personal Information**

I authorise K'aute Pasifika Trust and WORK & INCOME to use my personal information for the purpose of delivering services related to the Niu YOU programme, assisting me to secure placement in employment of further training with any NZQA-accredited training provider, plus monitoring and evaluation of the Niu YOU programme. I authorise WORK & INCOME to use my personal information as part of its reporting requirement to other Government Agencies.

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**Client:**

**Name:** \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_